Payers Update

As of 05/26/2020

Aetna

CVS Health expects to establish up to 1,000 locations across the country offering COVID-19 testing by the end of May, with the goal of processing up to 1.5 million tests per month, subject to availability of supplies and lab capacity.

Friday, May 22, CVS Health opened nearly 300 additional test sites across 14 states for a total of nearly 350 available test sites in Arizona, California, Connecticut, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Massachusetts, New Jersey, New York, Pennsylvania and Texas.

Effective dates for the COVID-19 add-in payment depend on the codes used and the date of patient discharge. Effective dates apply as follows:

- **B97.29** (Other coronavirus as the cause of diseases classified elsewhere) for discharges occurring on or after January 27, 2020, and on or before March 31, 2020.
- **U07.1** (COVID-19) for discharges occurring on or after April 1, 2020, through the duration of the COVID-19 public health emergency period.

Aetna will waive co-pays for all diagnostic testing related to COVID-19, per CVS Health. That includes all member costs associated with diagnostic testing for Commercial, Medicare, and Medicaid lines of business. Self-insured plan sponsors will be able to opt-out of the program at their discretion. Aetna is also offering zero co-pay telemedicine visits for any reason, and it is extending its Medicare Advantage virtual evaluation and monitoring visit benefit to all fully insured members. People diagnosed with COVID-19 will receive a care package. CVS Health is also offering several programs to help people address associated anxiety and stress.

Aetna is taking additional steps to eliminate out-of-pocket costs for primary care services for Medicare Advantage members. Effective from May 13, 2020 through September 30, 2020, Aetna is waiving member out-of-pocket costs for all in-network primary care visits, whether done in-office and via telehealth, for any reason, and encourages members to continue seeking essential preventive and primary care during the pandemic.

Aetna is extending all member cost-sharing and co-pay waivers for inpatient admissions for treatment of COVID-19 or health complications associated with COVID-19. Additionally, given the escalating mental health crisis resulting from or amplified by the pandemic, Aetna is extending all member cost-sharing waivers for in-network telemedicine visits for outpatient behavioral and mental health counseling.
services. These actions, which were scheduled to expire on June 4, 2020, have been extended through September 30, 2020. Aetna will continue working with self-funded plan sponsors to provide options.

Through September 30, 2020, Aetna is extending all member cost-sharing waivers for covered in-network telemedicine visits for outpatient and mental health counseling services for their Commercial plans. Self-insured plans offer this waiver at their own discretion.

Aetna has also extended the following actions, which were scheduled to expire on May 15, 2020, through September 30, 2020:

- Waiving early refill limits on 30-day prescription maintenance medications for all members with pharmacy benefits administered through CVS Caremark.
- Continuing to encourage all members of Commercial, Medicare and Medicaid plans to take advantage of plan benefits for 90-day maintenance medication prescription.

Through September 30, 2020, Aetna is extending all member cost-sharing waivers for in-network telehealth visits for outpatient behavioral and mental health counseling services for all Medicare Advantage plan members. Aetna Medicare Advantage members should continue to use telemedicine as their first line of defense for appropriate symptoms or conditions to limit potential exposure in physician offices. Cost sharing will also be waived for real-time virtual visits offered by in-network providers (live video conferencing or telephone-only telemedicine services). Medicare Advantage members may use telemedicine for any reason, not just COVID-19 diagnosis.

Aetna and self-insured plan sponsors, as appropriate, will continue to cover member cost sharing for services included in the Families First Coronavirus Response Act (such as COVID-19 testing and visits resulting in a COVID-19 test).

Aetna is working closely with partner hospitals to help transfer and discharge members with issues unrelated to COVID-19 from hospitals to safe and clinically appropriate care settings where they can continue to have their needs addressed. This will help hospitals and emergency rooms make room for more patients, especially those suffering from COVID-19.

Aetna is streamlining its provider credentialing process so there can be more health care professionals caring for patients.

Aetna is also paying the amount of the cost-sharing the member would have ordinarily paid related to COVID-19 testing or inpatient treatment so there is no financial impact on the provider.

Additionally, Aetna is reimbursing all providers for telemedicine at the same rate as in-person visits for applicable telehealth codes, including for mental health care services.

The Aetna Foundation is donating $500,000 to the Americas COVID-19 Mental Health and Psychosocial Support project to help frontline health care workers, particularly those who serve low-income populations, improve their mental health awareness, knowledge and resiliency, and understand the mental health concerns impacting their patients.
The Aetna Foundation is also making a $300,000 grant to the Crisis Text Line, which provides 24/7 confidential direct mental health support for those on the frontlines, including health care workers dealing with the stress, anxiety, fear, depression and/or isolation associated with COVID-19.

**AllWays Health Partners**

AllWays Health Partners is

- Removing cost-sharing (copayments, deductibles, or coinsurance) for medically necessary outpatient and inpatient COVID-19 testing and treatment at in-network or out-of-network providers, urgent care centers, emergency departments, hospitals, and other facilities for the duration of the public health emergency.

- Removing cost-sharing for telemedicine services to enable our members to seek care virtually, reducing the need to go to medical offices.

- Allowing early refills for most prescription medications, in addition to the benefits and services that are already available through our FlexRx pharmacy benefit program

**AllWays Telemedicine Policy During the State of Emergency**

**Prior Authorization, Notification and Referral Guidelines**

**COVID-19 testing and treatment**

**Home visits**

**Medications**

**Enrollment and credentialing**

**Blue Cross Blue Shield of Massachusetts**

**BCBS MA Temporary payment policy**

Blue Cross Blue Shield of Massachusetts will cover the costs of diagnostic testing for COVID-19 for fully insured members. Self-funded groups will can opt-in. The company will also cover the cost of a COVID-19 vaccine when it is available, and will waive co-payments for COVID-19 treatment at doctor’s offices, emergency rooms and urgent care centers. It is removing administrative barriers such as prior authorizations and referrals, waiving copays for its telehealth platform, and allowing early access to refills of prescription medications.

Blue Cross Blue Shield of Massachusetts has also donated $100,000 to the Boston Resiliency Fund and an additional $150,000 to relief efforts across Massachusetts.

Blue Cross Blue Shield of Massachusetts has removed prior authorization requirements and moved to a notification-only requirement for inpatient levels of care including Acute, Long Term Acute (LTAC), Acute and Subacute Rehabilitation (Rehab), and Skilled Nursing Facility (SNF) admissions. Medical necessity reviews will not be performed for these inpatient levels of care through June 23, 2020. Notifications by
facilities will allow Blue Cross nurses to assist members during their care transitions, including to the home.

Blue Cross and Blue Shield of Massachusetts is reallocating more than $1.75 million in community investments and strategic sponsorships to expedite unrestricted cash to help nonprofits meet operational challenges, including:

- Committing $550,000 in relief grants to nonprofits providing frontline aid including access to food, basic needs and critical support for first responders, health care and retail workers;

- Lifting funding restrictions on $520,000 of committed funds to ensure nonprofits have the flexibility to address critical challenges; and

- Leveraging a $300,000 commitment to Blue Cross’ Healthy Living Collaborative partners, including Codman Square Health Center and East Boston Neighborhood Health Center, to meet pressing community health challenges.

Blue Cross Blue Shield of Massachusetts has processed 180,000 telehealth claims since changing its policy to both expand coverage for telephone and virtual visits and reimburse them at the same rate as in-person visits during the COVID-19 state of emergency. The March telehealth claims figure is a 3600% increase over February and a 5100% increase over the monthly average for 2019.

In March, Blue Cross made payments of nearly $800 million to physician and hospitals, including more than 50,000 new claims for COVID-19 testing and care, totaling approximately $10 million.

Additionally, Blue Cross is accelerating payments to provider groups participating in its Alternative Quality Contract (AQC). Under normal circumstances, these incentive payments would have been made in late 2020 or early 2021. This direct financial support is intended to assist providers with the financial pressures associated with the COVID-19 public health emergency.

Blue Cross has also developed a new expedited credentialing and enrollment process for practitioners, designed to speed health plan approval within 72 hours. The Public Health Emergency Provider Credentialing and Enrollment Process includes a simplified, one-page application and essential documentation requirements consistent with conditions for licensure with the Massachusetts Board of Registration in Medicine. Approval under this expedited process is time-limited and in effect for the duration of the Massachusetts public health emergency.

Blue Cross Blue Shield of Massachusetts has launched “We Are Mighty, Massachusetts,” a campaign that celebrates our Commonwealth’s resiliency and unity in the fight against COVID-19.

#WeAreMightyMA launches today with a video that shares an inspiring message of collective action across Massachusetts and celebrates the innumerable ways individuals have shown resolve and solidarity since the onset of the coronavirus pandemic. Blue Cross also invites individuals to shine a spotlight on those making a difference across the Commonwealth by sharing “mighty” stories and unsung efforts using the hashtag #WeAreMightyMA across social media channels.

Blue Cross Blue Shield of Massachusetts is re-deploying a portion of its employees to work with the Community Tracing Collaborative and Boston Hope field hospital, two key elements of the state’s COVID-19 response.
More than 100 Blue Cross employees will be temporarily re-deployed as contact tracers for the Boston-based global health nonprofit Partners in Health at the collaborative. Contact tracers will call Massachusetts residents who have been in contact with people infected with COVID-19 and support them through quarantine.

Fifteen Blue Cross registered nurses are supporting the care of patients at the Boston Hope field hospital seven days a week, from 7 a.m. to 7 p.m. The facility, now operating in the Boston Convention and Exhibition Center, provides care to low acuity COVID-19 patients to ensure beds in Boston hospitals are available for the most serious coronavirus cases and other critical patients.

**Cigna**

As federal guidelines continue to evolve in support of the COVID-19 pandemic, Cigna is adopting a position consistent with the federal public health emergency period, which ends on July 24, 2020. As such, Cigna is extending the customer cost-share waivers and other enhanced benefits, including our interim virtual care policy, through at least July 31, 2020

Cigna is covering the cost of coronavirus testing, waiving all co-pays or cost-shares for fully insured plans, including employer-provided coverage, Medicare Advantage, Medicaid, and individual market plans available through the Affordable Care Act. Organizations that offer Administrative Services Only (ASO) plans will also have the option to include coronavirus testing as a preventive benefit. Recognizing that health outbreaks can increase feelings of stress, anxiety and sleeplessness and sometimes loss. Cigna is also staffing a second phone line for customers.

Cigna also announced it will waive customers’ out-of-pocket costs for COVID-19 testing-related visits with in-network providers, whether at a doctor’s office, urgent care clinic, emergency room or via telehealth, through July 31, 2020. This includes customers in the United States who are covered under Cigna employer/union sponsored group insurance plans, globally mobile plans, Medicare Advantage, Medicaid and the Individual and Family plans. Employers and other entities that sponsor self-insured plans administered by Cigna will be given the opportunity to adopt a similar coverage policy. The company is making it easier for customers with immunosuppression, chronic conditions or who are experiencing transportation challenges to be treated virtually by in-network physicians with those capabilities, through July 31, 2020. Cigna’s Express Scripts Pharmacy offers free home delivery of up to 90-day supplies of prescription maintenance medications. Additionally, Cigna will offer a webinar to the public raising awareness about tools and techniques for stress management and building resiliency, along with the ability to join telephonic mindfulness sessions.

Cigna will waive prior authorizations for the transfer of its non-COVID-19 customers from acute inpatient hospitals to in-network long term acute care hospitals to help manage the demands of increasingly high volumes of COVID-19 patients.

Cigna is waiving customer cost-sharing and co-payments for COVID-19 treatment through July 31. The policy applies to customers in the U.S. who are covered under Cigna’s employer/union sponsored insured group health plans, insured plans for U.S. based globally mobile individuals, Medicare Advantage, and Individual and Family Plans. Cigna will also administer the waiver to self-insured group health plans.

Cigna and Express Scripts are working with Buoy Health to provide an early intervention screening tool to help customers and members understand their personal risks for COVID-19. The digital tool immediately
triages symptoms and recommends next steps for care, while also relieving demand on an over-burdened health care system.

Cigna is launching a pilot program to increase social connectivity among its Medicare Advantage (MA) customers during the COVID-19 pandemic.

Through the pilot, Cigna is reaching out proactively to many of its Medicare customers to monitor their general health and well-being as well as daily needs during COVID-19, including food, housing and transportation. Customers will be able to opt-in to receive follow-up calls from the same Cigna representative to help cultivate meaningful connections. Cigna will also leverage its comprehensive data and analytics to identify MA customers who may be at higher risk for health issues and complications for additional proactive outreach to help answer questions about COVID-19, conduct regular health checks and triage care to a medical professional, if necessary. The pilot program will initially reach 24,000 customers with plans for rapid expansion.

Cigna is also providing medications to Washington University School of Medicine in St. Louis to initiate a clinical trial that will evaluate antimalarial and antibiotic treatments for COVID-19. The researchers plan to enroll 500 patients, over the course of the study, hospitalized with the novel coronavirus at Barnes–Jewish Hospital in St. Louis, MO.

Cigna has launched Dental Virtual Care, which will be available through Cigna’s growing network of dental providers who offer tele dentistry.

Cigna Dental Virtual Care will be available this month to over 16 million dental customers enrolled in Cigna’s employer-sponsored insurance plans at no cost through July 31st, 2020.

Cigna is also partnering with The Tele Dentists, a national virtual care dental provider with more than 300 dentists. Through a video consultation, licensed dentists can triage urgent situations such as pain, infection, and swelling and guide the customer on next steps. If necessary, the dentist will prescribe medications, such as antibiotics and non-narcotic pain relievers.

Cigna Foundation and New York Life Foundation have partnered to launch the Brave of Heart Fund to help the spouses, domestic partners, children, and parents of the frontline healthcare workers who gave their lives in the fight against COVID-19. Cigna Foundation and New York Life Foundation will make initial seed contributions of $25 million each and both CEOs will work to garner additional support from other corporate and private citizens.

In addition to the financial assistance, Cigna will provide behavioral and emotional health support to the families to help them cope. These offerings are an expansion of Cigna’s efforts to support both front-line healthcare workers and the public during the ongoing COVID-19 outbreak.

Cigna is expanding its digital capabilities to help customers with COVID-19 by providing real-time, personalized support. These new virtual solutions will help rapidly identify and assist Cigna customers who arrive in emergency room settings with COVID-19 symptoms, and support those who are actively recovering at home.

Cigna has partnered with Collective Medical to identify customers, in real-time, checking into emergency care settings with COVID-19 symptoms. With this information, Cigna Care Advocates can quickly engage
these customers and connect them with programs to support whole person health, such as care management, remote patient monitoring and behavioral health support.

Customers with mild to moderate COVID-19 symptoms can now access an interactive digital tool while they safely shelter and recover at home. Cigna has partnered with Medocity to create a simple solution, Medocity for Cigna, which allows customers to track their symptoms, connect with care advocates and access behavioral and emotional supportive resources.

Cigna is adding Talkspace to its behavioral provider network for customers seeking a more convenient therapy option. With private messaging (text, voice, and video), Talkspace connects Cigna customers to dedicated licensed therapists who engage daily through a secure app. Customers can also schedule live video sessions based on personal preference.

**CMS**

**COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) billing**

The Centers for Medicare & Medicaid Services (CMS) issued an updated FAQ around the new regulatory waivers and rule changes to deliver expanded care to seniors and provide flexibility to the health care system. This includes payment for specimen collection for purposes of COVID-19 testing, diagnostic laboratory services, ambulance services, hospital services, expansion of virtual communication services, Medicare telehealth, home infusion services, skilled nursing facility services, drugs and vaccines under Part B, and general billing guidelines.

**Nursing Home Reopening Recommendation FAQs**

**HHS telehealth guidance & information**

**Price Transparency: Requirements for Providers to Make Public Cash Prices for COVID-19 Diagnostic Testing**

**List of Blanket Waivers**

**CMS Events**

**COVID-19: Lessons from the Front Lines Calls — May 29**

**COVID-19: Nurses Call — May 28**

**Prior Authorization Process and Requirements for Certain Outpatient Hospital Department Services**

**Special Open Door Forum — May 28**

**Fallon Health**

Fallon Health is relaxing administrative procedures, such as prior authorizations and out-of-network requirements, for medically necessary care, waiving copayments for medically appropriate coronavirus treatment, and waiving early refill limits on non-scheduled control drug prescriptions for all Fallon members who fill their maintenance medications at any in-network pharmacy.
Fallon has implemented the following:

- **Relaxed prior authorization requirements** generally in compliance with regulatory bulletins. These bulletins also specifically state that there can be no prior authorization requirements on any telehealth services delivered that are related to COVID-19.

- **Coverage of medically necessary coronavirus testing, treatment and counseling** with no cost-sharing for all members while Massachusetts is under a state of emergency.

- **Waived cost-sharing for all COVID-19 and non-COVID-19 related medically necessary telehealth services** for all members. This will also be effective while Massachusetts is under a state of emergency.

- **Waiving early refill limits** on non-scheduled control drug prescriptions for all Fallon members who fill their maintenance medications at any in-network pharmacy. Members can now receive early refills for certain medications up to a 90-day supply of maintenance medication prescriptions ahead of schedule.

- **A dedicated hotline (1-877-835-8440, TRS 711)** to connect members with representatives who can address questions about the coronavirus, discuss available benefits and provide phone numbers for additional help.

FAQ for providers

Telemedicine payment policy

**Harvard Pilgrim HealthCare**

Harvard Pilgrim Health Care will cover the costs of diagnostic testing for COVID-19, waive cost sharing for all telemedicine visits and allow early refills for prescription medications. Self-insured groups will can opt-in at their discretion.

Harvard Pilgrim has also donated over $3 million to COVID-19 relief efforts by supporting community organizations in Connecticut, Maine, Massachusetts, and New Hampshire. The money will help select restaurants throughout the region to provide and deliver take-out meals to families in need and help to put people back to work. Additionally, these resources will assist communities in facilitating access to COVID-19 testing.

Harvard Pilgrim Health Care Foundation and Convenient MD have partnered to open a drive-thru COVID-19 testing site at Harvard Pilgrim Health Care’s Quincy headquarters’ parking lot, located at 1600 Colony Drive.

**Provider Information Sheet**

**COVID-19 Drive-thru Testing Available in Quincy**

**Commercial Interim Telemedicine/Telehealth Payment Policy (COVID-19 Pandemic)**

**Expedited credentialing and enrollment process**
MassHealth New Provider Bulletins

- All Provider Bulletin 296: MassHealth Payment for COVID-19 Specimen Collection and Testing
- Managed Care Entity Bulletin 30: Managed Care Entities—Service Area Changes Effective January 1, 2021
- Managed Care Entity Bulletin 31: Accountable Care Organization Primary Care Provider Changes Effective January 1, 2021
- All Provider Bulletin 294: MassHealth Coverage Flexibilities for Services Related to Coronavirus Disease 2019
- Open PDF file, 200.48 KB, for All Provider Bulletin 293: Flexibilities for Substance Use Disorder Treatment Services During COVID-19 State of Emergency

Tuft Health Plan

The effective date for COVID-19 policies have been extended to July 20, 2020 and guidance for testing coverage, including antibody testing. Coverage and policies includes: Tufts Health Commercial (including Tufts Health Freedom Plan and CareLinkSM), Tufts Health Medicare Preferred HMO, Tufts Health Plan Senior Care Options (SCO), Tufts Health Public Plans (Tufts Health Direct, Tufts Health RI Together, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs], and Tufts Health Unify) members. Click here to learn more

Tufts Health Plan’s Provider Education Team is offering training sessions and webinars in variety of topics, to register and learn more, please visit https://tuftshealthplan.com/provider/training/webinars

Tufts Health Plan Foundation

Tufts Health Plan Foundation is donating $1 million to efforts driven by community and nonprofit organizations supporting older people affected by the coronavirus outbreak in Massachusetts, Rhode Island, New Hampshire and Connecticut.

Tufts Health Plan is waiving treatment costs for its members suffering from the coronavirus, including copays, deductibles and coinsurance. This coverage applies at in-network providers, urgent care centers, emergency rooms and other facilities, and at out-of-network providers in the event a member cannot easily find an in-network provider to provide timely services.

Tufts has also eliminated out-of-pocket costs for telehealth visits and removed prior authorization requirements for providers as it relates to treatment and care of coronavirus.

Tufts Health Plan Foundation is providing funding to 18 additional nonprofit organizations as part of the $1 million it has committed to support community efforts on behalf of older people affected by the coronavirus. This second wave of funding, totaling $345,000, focuses on housing and equity efforts in Massachusetts, Rhode Island, New Hampshire and Connecticut.

The organizations include housing providers, those working with people experiencing homelessness and immigrant communities, and several servings as hubs for collaborative regional responses.
Tufts Health Plan Foundation has made grants to five diverse community organizations to help them address the COVID-19 crisis. The organization range from helping the homeless to supporting veterans and LGBTQ+ youths. Each organization will receive $10,000.

Tufts Health Plan has launched an Employee Relief Fund to support employees who have been affected by the coronavirus pandemic and are experiencing financial hardship, including the loss of a job by someone in their household. Eligible employees can apply for $1,000 grants to cover essential living expenses, such as rent or mortgage, utilities and certain medical costs.

Tufts Health Plan Foundation announced $170,000 in grants to 10 nonprofit organizations, part of the $1 million it committed to support community efforts addressing coronavirus in Massachusetts, Rhode Island, New Hampshire and Connecticut. In total, 49 organizations on the front lines of the pandemic have received funding.

This funding goes to organizations working to improve access to food and respond to inequities in housing and services. It bolsters collaborative regional responses, particularly in communities reporting the highest rates of COVID-19 infection.

United Health Care

Audio-Only Requirements for Medicare Advantage

Consistent with Centers for Medicare & Medicaid Services (CMS) requirements, effective immediately for all Medicare Advantage plans, including DSNP plans, we require care providers to bill audio-only telehealth visits using audio-only codes. For Medicaid and Individual and Group Market health plan members, eligible care providers can bill for telehealth services performed using either interactive audio-video or audio only, except in cases where we have explicitly denoted the need for interactive audio-video, such as with PT/OT/ST, while a patient is at home. Learn more.

UnitedHealthcare is waiving costs for COVID-19 testing provided at approved locations in accordance with the CDC guidelines, as well as waiving copays, coinsurance and deductibles for visits associated with COVID-19 testing, whether the care is received in a physician’s office, an urgent care center or an emergency department. This coverage applies to Medicare Advantage and Medicaid members as well as commercial members. United is also expanding provider telehealth access and waiving member cost sharing for COVID-19 testing-related visits.

UnitedHealthcare is also opening a special enrollment period for some of its existing commercial customers beginning March 23 through April 6 due to the COVID-19 pandemic. UnitedHealthcare is also suspending prior authorization requirements to a post-acute care setting through May 31, and suspending them when a member transfers to a new provider through May 31.

UnitedHealthcare is waiving member cost sharing for the treatment of COVID-19 through May 31, 2020 for its fully insured commercial, Medicare Advantage, and Medicaid plans.

Starting March 31, 2020 until June 18, 2020, UnitedHealth will also waive cost sharing for in-network, non-COVID-19 telehealth visits for its Medicare Advantage, Medicaid, and fully insured individual and group market health plans.
UnitedHealth Group, through UnitedHealthcare and Optum, is taking steps immediately to accelerate nearly $2 billion in payments and other financial support to health care providers in the U.S. to help address the short-term financial pressure caused by the COVID-19 emergency.

UnitedHealth Group’s move to accelerate claim payments to medical and behavioral care providers applies to UnitedHealthcare’s fully insured commercial, Medicare Advantage and Medicaid businesses. Other financial support currently includes the provision for up to $125 million in small business loans to clinical operators with whom OptumHealth is partnered.

UnitedHealth Group has been asked to assist the U.S. Department of Health and Human Services in distributing, as directed by the Department, an initial $30 billion in emergency funding to health care providers seeking assistance under the CARES Act.

UnitedHealthcare Group is donating $5 million to support a federally sponsored program seeking to accelerate and expand the availability of investigational convalescent plasma treatments for COVID-19 patients nationwide. The initiative, led by Mayo Clinic, coordinates efforts to collect blood plasma from donors who have recovered from COVID-19 and distribute the plasma to hospitalized patients with severe or life-threatening COVID-19 infections.

UnitedHealthcare is providing $1.5 billion in additional support for its customers. Actions taken to deliver the support include:

- Applying credits to premium billings received by June for people served by UnitedHealthcare commercial fully insured benefits. The credits will range from 5% to 20%.
- All specialist and primary care physician cost sharing will be waived at least through the end of September for people served by UnitedHealthcare under Medicare Advantage plans.
- Providing both new and renewal premium price stability and support for people served by UnitedHealthcare AARP Medicare Supplement policies.
- Accelerating funds to state partners and critical care providers to serve more people and expanding its Housing Health and homeless support programs, providing shelf stable food and baby formula for people served by UnitedHealthcare Medicaid plans.

UnitedHealth Group and Microsoft Corp. have joined forces to launch ProtectWell™, an innovative return-to-workplace protocol that enables employers to bring employees back to work in a safer environment. ProtectWell™ helps employees determine they are safe to go to work, co-workers know their colleagues have been screened, and employers feel confident that their workplace is ready to do business. ProtectWell™ incorporates Centers for Disease Control and Prevention (CDC) guidelines and the latest clinical research to limit the spread of COVID-19 by screening employees for symptoms and establishing guidelines to support the health and safety of the workforce and workplace.

ProtectWell™ combines UnitedHealth Group’s clinical and data analytics capabilities with Microsoft’s technology leadership to help in the next phases of COVID-19 recovery efforts.